

# INSTRUCTIONS FOR COMPLETING APPELLATE INDIGENT DEFENSE FEE CLAIM FORM

Type only in the spaces provided on the form.

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1. **County** Enter the name of the county in which the appointment originated.
  2. **District Court Number** Enter the district court case number.
  3. **Claim Type** Indicate whether you are a contract or non-contract attorney.
  4. **Client First Name** Enter client's first name.
  5. **Client Last Name** Enter client's last name.
  6. **Supreme Court Number** Enter the supreme court case number.
  7. **Date of Appointment** Enter the effective date of the court appointment for the appeal and include a copy of the Appointing Order directly behind the claim form.
  8. **Date of Service** For non-contract attorneys, this will be the date on which the case is disposed of or the date of dismissal. For contract attorneys, this date will be the date on which either the page-proof brief or final brief is filed. The last date for submission of a timely claim is 45 days after the date of the procedendo.
  9. **Type of Appeal** Check the appropriate box indicating whether this is a criminal case, juvenile case, or other. If "other" explain.
  10. **Underlying Case** If a criminal case, list the code section of the underlying charge. If a juvenile case indicate whether it is a CINA or TPR. If none of these, indicate the kind of case on appeal.
  11. **Claim Summary** Provide the information on lines 12 through 21. Contract attorneys who have not withdrawn from the case need answer only lines 18 through 21 of this section.
  12. **Out-of-Court Hours** Enter the total hours, as shown on the itemization, claimed as out-of-court hours. Indicate hours in tenths. Do not include time spent preparing the fee claim
  13. **In-Court Hours** Enter the total hours, as shown on the itemization, claimed as in-court hours. Indicate hours in tenths.
  14. **Total Attorney Hours** Combine lines 12 and 13.
  15. **Rate** Enter hourly rate for total attorney hours and multiply line 14 by the rate and enter the total.
  16. **Paralegal Hours** Enter the total hours, as shown on the itemization, claimed as paralegal hours.
  17. **Rate** Enter hourly rate for total paralegal hours and multiply line 16 by the rate and enter the total.
  18. **Hourly Fee Subtotal** Combine the extended amounts on lines 15 and 17 and enter the total. Contract attorneys enter the portion of the fee due.
  19. **Expenses** List separately amounts claimed for telephone, copies, mileage, meals/lodging, postage, and other appropriate out-of-pocket expenses.
  20. **Expense Total** Combine all expenses claimed.
  21. **Claim Total** Combine lines 18 and 20 and enter the total here.
  22. **Current Status** Check the appropriate box to indicate the current status of the case.
  23. **Billing Status** Indicate whether prior claims have been submitted in this case and, if so, the total amount billed previously.
  24. **Date** Indicate the date on which the claim was signed.
  25. **Signature** The attorney appointed to the case must sign the form. Type/print first name [including initial] and last name in boxes...
  26. **Make Payment to** Enter the name, address, telephone number, fax number, and Federal tax identification, or social security number in the appropriate boxes. If any of this information is different than prior claims, check "Change of Information." If you change your social security number or federal ID number changes you must submit a new substitute form W-9 to be paid.
  27. **Approved for Payment** - Leave Blank.
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**Attachments** Attached to the claim form should be the following, in this order: a copy of the order appointing counsel, any application and order to exceed fee limitations (not for attorneys with appellate contracts), one typed itemization detailing the dates, services provided and billable hours for each service, and receipts for out-of-pocket expenses paid. The itemization should separately delineate in-court time, out-of-court time, paralegal time, and all expenses claimed. The total hours claimed should be the same as on the front of the claim form. Staple the claim form and attachments together in the upper left corner.

For assistance contact the State Public Defender's Office at 515-242-6158 or e-mail to [claims@spd.state.ia.us](mailto:claims@spd.state.ia.us).